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I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
OR I hereby appoint the practitioners associated with the Customer Number:						
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR						
Firm or Individual Name	Scott P. Zimmerman PLLC					
Address	P.O. Box 3822					
City	Cary	State	NC		Zip	27519
Country	USA					
Telephone	(919) 489-2629		Email scott@scottzImmerman.com			
I am the: Applicant/Inventor. Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
STONATURE of Applicant or Assignee of Record						
Signature						
Name Scott - Zimmerman						
Date	Telephone (918) 468-2629					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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Respectfully submitte

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